

State of Misconsin LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX PLEASE DO NOT REMOVE FROM DRAFTING FILE

Date Transfer Requested: 03/29/2006

(Per: DAK)

™ Appendix B

The 2005 drafting file for LRB 05s0658/2

has been copied/added to the 2005 drafting file for

LRB 05s0665

The attached 2005 draft was incorporated into the new 2005 draft listed above. For research purposes, this cover sheet and the attached drafting file were copied, and added, as a appendix, to the new 2005 drafting file. If introduced this section will be scanned and added, as a separate appendix, to the electronic drafting file folder.

2005 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB1110)

| Received: 03/23/2006 | | | | | Received By: dkennedy | | | |
|-----------------------------------|------------------------|-----------------------|-----------------------|-------------|--|---|----------|--|
| Wanted: As time permits | | | | | Identical to LRB: | | | |
| For: Kitty Rhoades (608) 266-1526 | | | | | By/Representing: Jennifer (aide) | | | |
| This file | may be shown | to any legislat | or: NO | | Drafter: dkennedy | | | |
| May Cor | ntact: | | | | Addl. Drafters: | | | |
| Subject: | Health | - long-term ca | re | | Extra Copies: | | | |
| Submit v | ria email: YES | | | | | | | |
| Requeste | er's email: | Rep.Rhoad | des@legis.st | ate.wi.us | | | | |
| Carbon c | copy (CC:) to: | | | | | | | |
| Pre Top | ic: | | | | | | | |
| No speci | fic pre topic gi | ven | | | | | | |
| Topic: | | | | | and the second s | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| Offer of | self-directed se | ervices; DHFS | follow up rep | ort; review | by JFC of expansion | ons | | |
| Instruct | ions: | | | | | | | |
| See Atta | ched | | | | | | | |
| Drafting | g History: | | | | | | | |
| Vers. | Drafted | Reviewed | Typed | Proofed | Submitted | Jacketed | Required | |
| /? | dkennedy 03/28/2006 | lkunkel 03/28/2006 | | | | | S&L | |
| /1 | | | pgreensl 03/28/200 | 6 | sbasford 03/28/2006 | sbasford 03/28/2006 | | |
| /2 | dkennedy 03/29/2006 | lkunkel 03/29/2006 | jfrantze 03/29/200 | 6 | sbasford 03/29/2006 | sbasford 03/29/2006 | | |

LRBs0658 03/29/2006 12:58:01 PM Page 2

FE Sent For:

<END>

2005 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB1110)

| Received: 03/23/2006 Wanted: As time permits For: Kitty Rhoades (608) 266-1526 | | | | | Received By: dkennedy Identical to LRB: | | | |
|--|------------------------|-----------------------|--|----------------------|--|---|----------|--|
| | | | | | | | | |
| | | | | | By/Representing: Jennifer (aide) | | | |
| This file | e may be shown | to any legislat | or: NO | | Drafter: dkennedy | | | |
| May Co | ontact: | | | Addl. Drafters: | | | | |
| Subject | : Health | - long-term ca | re | | Extra Copies: | | | |
| Submit | via email: YES | | | | | | | |
| Request | ter's email: | Rep.Rhoa | des@legis.st | tate.wi.us | | | | |
| Carbon | copy (CC:) to: | | | | | | · | |
| Pre To | pic: | 4-0- | ······································ | | | | | |
| No spec | cific pre topic gi | ven | | | | | | |
| Topic: | | | | | | | | |
| Offer of | f self-directed se | ervices; DHFS | follow up re | port; review b | y JFC of expansi | ons | | |
| Instruc | ctions: | | | | | e de la companya de La companya de la companya de l | | |
| See Atta | ached | | | | | | | |
| Draftin | g History: | | | | | | | |
| Vers. | <u>Drafted</u> | Reviewed | Typed | Proofed | Submitted | <u>Jacketed</u> | Required | |
| /? | dkennedy 03/28/2006 | lkunkel 03/28/2006 | | | | | S&L | |
| /1 | | /al. 12/ | pgreensl 03/28/200 | 06 | sbasford 03/28/2006 | sbasford 03/28/2006 | | |
| FE Sent | For: | 121mK929 | 320 | 3 2 9 <end></end> | - | | | |

2005 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB1110)

Received By: dkennedy

Wanted: As time permits

Identical to LRB:

For: Kitty Rhoades (608) 266-1526

By/Representing: Jennifer (aide)

This file may be shown to any legislator: NO

Drafter: dkennedy

May Contact:

Addl. Drafters:

Subject:

Health - long-term care

Extra Copies:

Submit via email: YES

Requester's email:

Rep.Rhoades@legis.state.wi.us

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Offer of self-directed services; DHFS follow up report; review by JFC of expansions

Instructions:

See Attached

Drafting History:

Vers.

Drafted

Reviewed

Proofed

Submitted

Jacketed

Required

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FE Sent For:

STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRE

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

| 3/27/06 | |
|---|-----------------------|
| From Jennifer Western (Rhoade's off Sub. Andt to SB653 + AB 1110 | |
| Sub. Andt to SB653 + AB 1110 | |
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| P.1, e 17- If DHFS proposes to K W/ 1 29°70, was require active JFC re | view |
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| 12 p. 5, 0, 22 - make active, as well | |
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| 3) p. l DAK tack to DHFS re ut 46.281 (1)(e) 1. | icy of |
| 46.281 (i)(e) 1. | |
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| p 46.281(1)(q)3 see en | ail |
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| 5) Add checkoff requirement for seef-d service 410×86 46,284 (4)(e) | ieded |
| Service 410 X86 46, 284 (4)(e) | |
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| | Wisconsin Legislative |

Kennedy, Debora

From:

Western, Jennifer

Sent: To:

Subject:

Monday, March 27, 2006 9:07 AM

Kennedy, Debora Reporting Language the availability

Reporting.

Conduct ongoing evaluations of the long term care system specified in ss. 46.2805 to 46.2895 as to client access to services, client choice of living and service options, quality of care and cost-effectiveness. Evaluation of the availability of client choice shall include the opportunity for a client to arrange for, manage and monitor his or her family care benefit directly as specified in s. 46.284 (4) (e).

Jennífer Western Office of Kitty Rhoades State Representative 30th Assembly District

For 46.281 (1)(q)3.

Kennedy, Debora

From:

Western, Jennifer

Sent:

Monday, March 27, 2006 9:46 AM

To:

Kennedy, Debora

Subject:

Substitute Amendment

Importance:

High

Debora,

Kitty would like these changes in substitute amendments.

Also, these conditions (the active review, reporting and check-off) should apply to Family Care programs, as well as any other programs the Department is contracting with under this expansion.

I don't have a problem if you need to talk to the department to work out some of the details, but if you could hold off on sharing the amendment until I can see it, that would be very much appreciated!

Again, please call if I can be of help or further clarification...

Thanks!
Jennifer Western
Office of Kitty Rhoades
State Representative
30th Assembly District

See audt to s. 46.281(1)(g) 3. that repeals ref to 35.46.280s to 46.2895 TODAY

2005 - 2006 LEGISLATURE

- NOTE

50658/1 DAK: bak:if

2005 ASSEMBLY BILL 1110

March 9. 2006 - Introduced by Representatives Kauffert, Gielow, Kestell, SHILLING, KRAWCZYK, UNDERHEIM, LEMAHIEU, MURSAU, HONADEL, AINSWORTH, QWENS, JESKEWITZ, HAHN, McCORMICK, KREUSER, VRUWINK, SHERIDAN, SEIDEL, LEHMAN, POPE-ROBERTS, MOLEPSKE, MUSSER and VAN ROY, cosponsored by Senators Roessler, Darling, A. Lasee, Lassa and Wirch. Referred to Joint Committee on Finance.

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REGENTRATE

AN ACT to repeal 46.281 (1) (d) (intro.), 46.281 (1) (d) 1. and 46.281 (1) (e) (intro.);

to renumber and amend 46.281 (1) (d) 2.; and to amend 46.27 (4) (c) 8., 46.27

(5) (am), 46.27 (6) (a) 3., 46.27 (6g) (intro.), 46.27 (9) (c), 46.281 (1) (e) 1., 46.281

(1) (e) 2., 46.282 (2) (a) (intro.), 46.283 (2) (b) (intro.), 46.285 (1) (a) and 49.45

(3) (ag) of the statutes; relating to: contracts with entities to operate resource

centers and care management organizations under the Family Care Program.

Analysis by the Legislative Reference Bureau

Currently, the Department of Health and Family Services (DHFS) administers Family Care, a program that provides in certain areas a flexible long-term care benefit called the family care benefit. A person must be at least 18 years of age, meet functional and financial eligibility requirements, and have a physical disability, a developmental disability, or infirmities of aging to qualify for the family care benefit.

Under current law, before July 1, 2001, DHFS was required to establish in certain geographical areas pilot projects under which DHFS contracted with counties, family care districts, federally recognized American Indian tribes or bands, or the Great Lakes Inter-Tribal Council, Inc., to operate resource centers (organizations that provide information and referral services and determine financial and functional eligibility of prospective enrollees) or care management organizations (organizations that assess enrollees' service needs, develop comprehensive care plans for each enrollee, and provide or contract for provision of the option of self-dericted services and long-term care evaluations

LRB-4521/2 DAK:lmk:jf

Family

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Care

ASSEMBLY BILL 1110

the accregate;

necessary services), or both. After June 30, 2001, if the local long-term care council for an applicable area had developed a required initial plan, and if authorized and funded by the legislature, DHFS was required to contract with one or more entities in addition to those under pilot projects, for services of a resource center or care management organization; however, as affected by 2005 Wisconsin Act 25 (the biennial budget act), any prospective additional contract with an entity to operate a resource center requires advance approval by the Joint Committee on Pinance on a passive review basis. Currently DHFS must conduct on go

This bill eliminates the requirements for establishing Family Care pilot projects before July 1, 2001, and integrates requirements for those pilot projects with current requirements/for contracts with resource centers and care management organizations. The bill specifies that DHFS may contract with a county, a family care district, a tribe or band, the Great Lakes Inter-Tribal Council, Inc., or two of more of these entities to administer the family care benefit as care management organizations or resource centers. Lastly, the bill authorizes DHFS to contract to administer care management organizations in geographic areas in which/more than 29 percent of the population that is eligible for the family care benefit reside if such a proposed contract receives advance approval from the Joint Committee on Finance

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under a passive review process. (LINSERTAI) For further information see the state and local fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 46.27 (4) (c) 8. of the statutes is amended to read:

46.27 (4) (c) 8. If a pilot project contract with an entity under s. 46.281 (1) (d) (e) 1. is established in the county, a description of how the activities of the pilot project entity relate to and are coordinated with the county's proposed program.

SECTION 2. 46.27 (5) (am) of the statutes is amended to read:

46.27 (5) (am) Organize assessment activities specified in sub. (6). The county department or aging unit shall utilize persons for each assessment who can determine the needs of the person being assessed and who know the availability within the county of services alternative to placement in a nursing home. If any hospital patient is referred to a nursing home for admission, these persons shall work with the hospital discharge planner in performing the activities specified in sub. (6).

The county department or aging unit shall coordinate the involvement of representatives from the county departments under ss. 46.215, 46.22, 51.42 and 51.437, health service providers and the county commission on aging in the assessment activities specified in sub. (6), as well as the person being assessed and members of the person's family or the person's guardian. This paragraph does not apply to a county department or aging unit in a county where a pilot project in which the department has contracted with an entity under s. 46.281 (1) (d) is established (e) 1.

SECTION 3. 46.27 (6) (a) 3. of the statutes is amended to read:

46.27 (6) (a) 3. In each participating county, except in counties where a pilot project in which the department has contracted with an entity under s. 46.281 (1) (d) is established (e) 1., assessments shall be conducted for those persons and in accordance with the procedures described in the county's community options plan. The county may elect to establish assessment priorities for persons in target groups identified by the county in its plan regarding gradual implementation. If a person who is already admitted to a nursing home requests an assessment and if funds allocated for assessments under sub. (7) (am) are available, the county shall conduct the assessment.

SECTION 4. 46.27 (6g) (intro.) of the statutes is amended to read:

46.27 (**6g**) FISCAL RESPONSIBILITY. (intro.) Except as provided in s. 51.40, and within the limitations under sub. (7) (b), the fiscal responsibility of a county for an assessment, unless the assessment is performed by an entity <u>under a contract as specified</u> under s. 46.281 (1) (d) (e) 1., case plan, or services provided to a person under this section is as follows:

SECTION 5. 46.27 (9) (c) of the statutes is amended to read:

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46.27 (9) (c) All long-term community support services provided under this pilot project in lieu of nursing home care shall be consistent with those services described in the participating county's community options plan under sub. (4) (c) 1. and provided under sub. (5) (b). Unless the department has contracted under s. 46.281 (1) (d) (e) 1. with an entity other than the county department, each county participating in the pilot project shall assess persons under sub. (6).

SECTION 6. 46.281 (1) (d) (intro.) of the statutes is repealed.

SECTION 7. 46.281 (1) (d) 1. of the statutes is repealed.

SECTION 8. 46.281 (1) (d) 2. of the statutes is renumbered 46.281 (1) (d) and

amended to read:

State)

46.281 (1) (d) In/geographi¢ areas in which resides) no more than 29% 29 percent of the population that is eligible for the family care benefit, contract with counties or tribes or bands under a pilot project to demonstrate the ability of counties or tribes or bands a county, a family care district, a tribe or band, the Great Lakes Inter-Tribal Council, Inc., or with 2 or more of these entities to manage all long-term care programs and administer the family care benefit as care management If the department proposes to contract with these entities to organizations. administer care management organizations in geographic areas in which resides more than 29 percent of the population that is eligible for the family care benefit, the department shall first notify the joint committee on finance in writing of the proposed contract. If the cochairpersons of the committee do not notify the department within 14 working days after the date of the department's notification that the committee has scheduled a meeting for the purpose of reviewing the proposed contract, the department may enter into the proposed contract. If within 14 days after the date of the department's notification the cochairpersons of the

| 1 | committee notify the department that the committee has scheduled a meeting for the |
|--------------------------------|--|
| 2 | purpose of reviewing the proposed contract, the department may enter into the |
| _3 | proposed contract only upon approval of the committee. IN SERT 5-3 |
| 4 | SECTION 9. 46.281 (1) (e) (intro.) of the statutes, as affected by 2005 Wisconsin |
| 5 | Act 25, is repealed. Subject to the requirements |
| 6 | SECTION 10. 46.281 (1) (e) 1. of the statutes, as affected by 2005 Wisconsin Act |
| 7 - 1250 | 25, is amended to read: |
| 8 | 46.281 (1) (e) 1. He local long-term care council for the applicable area has |
| 9 | developed the initial plan under s. 46.282 (3) (a) 1., contract with entities specified |
| $\widehat{(10)}$ | under par. (d) and may, only if specifically authorized by the legislature and if the |
| 11 | legislature appropriates necessary funding, contract as so authorized with one or |
| 12 | more entities in addition to those specified in par. (d) certified as meeting |
| 13 | requirements under s. 46.284 (3) for services of the entity as a care management |
| 14 | organization. |
| 1 5 | SECTION 11. 46.281 (1) (e) 2. of the statutes, as created by 2005 Wisconsin Act |
| 16 | 25, is amended to read: |
| 17 | 46.281 (1) (e) 2. Contract with entities specified under par. (d) and may contract |
| 18 | with other entities for the provision of services under s. 46.283 (3) and (4), except that |
| 19 | after July 27, 2005, the department shall notify the joint committee on finance in |
| 20 | writing of any proposed contract with an entity that did not have a contract to provide |
| $\langle \widehat{21} \rangle$ | services under s. 46.283 (3) and (4) before July 27, 2005. If the cochairpersons of the |
| $\widetilde{22}$ | committee do not notify the department within 14 working days after the date of the |
| (23) | department's notification that the committee has scheduled a meeting for the |
| (24) | purpose of reviewing the proposed contract, the department may enter into the |
| (25) | proposed contract. If within 14 working days after the date of the department's |

| notification the cochairpersons of the committee notify the department that the |
|--|
| committee has scheduled a meeting for the purpose of reviewing the proposed |
| contract, the department may enter into the proposed contract only upon approval |
| of the committee. [INSERT 6.4] |
| SECTION 12. 46.282 (2) (a) (intro.) of the statutes is amended to read: |
| 46.282 (2) (a) Appointment by a county. (intro.) In a county that participates |
| |

in a pilot project in which the department has a contract under s. 46.281 (1) (d) (e) and before a county participates in the program under ss. 46.2805 to 46.2895, the following shall be done:

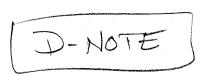
SECTION 13. 46.283 (2) (b) (intro.) of the statutes, as affected by 2005 Wisconsin Act 25, is amended to read:

46.283 (2) (b) (intro.) After June 30, 2001, the department shall contract with the entities specified under s. 46.281 (1) (d) 1. and may, if the applicable review conditions under s. 48.281 (1) (e) 2. s. 46.281 (1) (e) 2. are satisfied, in addition to contracting with these entities, contract to operate a resource center with counties, family care districts, or the governing body of a tribe or band or the Great Lakes Inter-Tribal Council, Inc., under a joint application of any of these, or with a private nonprofit organization if the department determines that the organization has no significant connection to an entity that operates a care management organization and if any of the following applies:

SECTION 14. 46.285 (1) (a) of the statutes is amended to read:

46.285 (1) (a) For —a pilot project established an entity with which the department has contracted under s. 46.281 (1) (d) 2. (e) 1., provision of the services specified under s. 46.283 (3) (b), (e), (f) and (g) shall be structurally separate from the provision of services of the care management organization by January 1, 2001.

| 1 | SECTION 15. 49.45 (3) (ag) of the statutes is amended to read: |
|---|--|
| 2 | 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with |
| 3 | under s. $46.281(1)(d)(e)$ for functional screens performed under s. $46.281(1)(d)$ by |
| 4 | the entity. |
| 5 | (END) |



...:....

2005–2006 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

NO KK **INSERT A1** Further, the bill modifies requirements for contracts between DHFS and entities for operation of resource centers to require active approval of each proposed contract by the Joint Committee on Finance rather than approval on a passive review basis.

INSERT A2 The bill requires that a care management organization provide each Family Care enrollee with a form on which the enrollee must indicate whether he or she has been offered the option of arranging for, managing, and monitoring his or her own Family Care benefit directly or with assistance. The enrollee also must indicate whether he or she accepted or declined the option. \checkmark The bill also requires that the evaluations that DHFS must make concerning Family Care include client access to services, the availability of client choice of living and service options (including the opportunity for the client to have self-directed services), quality of care, and cost effectiveness. Lastly, the bill expands these evaluations to include the entire long-term care system. INSERT 5-3 Within 14 working days after the date of the department's notification, the joint committee on finance shall schedule a meeting under s. 13.10 to approve, modify, or disapprove the proposed contract. The department may enter into the proposed contract only as approved or modified by the joint committee on finance. INSERT 6-4 Within 14 working days after the date of the department's notification, the joint committee on finance shall schedule a meeting under s. 13.10 to approve, modify, or disapprove the proposed contract. The department may enter into the proposed contract only as approved or modified by the joint committee on finance. SECTION 46.281 (1) (g) 3. of the statutes is amended to read: 46.281 (1) (g) 3. Conduct ongoing evaluations of the long-term care system specified in ss. 46.2805 to 46.2895 as to client access to services, the availability of

client choice of living and service options, quality of care, and cost-effectiveness.

Evaluation of the availability of client choice shall include evaluation of the

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opportunity for a client to arrange for, manage, and monitor his or her family care

benefit directly as specified in s. 46.284 (4) (e).

History: 1999 a. 9; 2001 a. 103; 2005 a. 25.

INSERT 6-20

SECTION 2. 46.284 (4) (e) of the statutes is amended to read:

46.284 (4) (e) Provide, within guidelines established by the department, a mechanism by which an enrollee may arrange for, manage and monitor his or her family care benefit directly or with the assistance of another person chosen by the enrollee. The care management organization shall provide each enrollee with a form on which the enrollee shall indicate whether he or she has been offered the option under this paragraph and whether he or she has accepted or declined the option. If the enrollee accepts the option, the care management organization shall monitor the enrollee's use of a fixed budget for purchase of services or support items from any qualified provider, monitor the health and safety of the enrollee and provide assistance in management of the enrollee's budget and services at a level tailored to the enrollee's need and desire for the assistance.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33.

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STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

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| D-NOTE |
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| To Record Hoteley. Jennifer Western |
| |
| A Please let me Know if this substitute avenuent - avenuents with your approval or if you want |
| Quent = |
| avenducets with your approval or if you want |
| |
| modifications () I will them accordingly? |
|) 0 |
| also dont a substitute amendment to |
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| 2005 SB-(0530 |
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| Wisconsin Legislative |

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRBs0658/1dn DAK:lmk:pg

March 28, 2006

Jennifer Western:

Please let me know if this substitute amendment meets your approval or if you want modifications; I will then, accordingly, also draft a substitute amendment to 2005 SB-653.

Debora A. Kennedy Managing Attorney Phone: (608) 266-0137

E-mail: debora.kennedy@legis.state.wi.us

Drafting instructions received by Debora Kennedy.

DATE:

3/29/06

CONVERSATION

Charlie Morgan +

OF:

Rebecca Hotynski,

TELEPHONE NO:

6-3847

REGARDING LRB OR DRAFT TOPK

SO658/1

INSTRUCTIONS:

Jo require review & PACE + Partnerships expansions:

46 2804 of DHFS intends to expand its use of capitation payments under managed Paynets made on behalf I indus enrolled in these in a programder 2005 Wis Act 25, the expa sunt to dept shall fruit (see 46. 281



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State of Misconsin 2005 - 2006 LEGISLATURE LRBso

LRBs0658/

stays

ASSEMBLY SUBSTITUTE AMENDMENT,

TO 2005 ASSEMBLY BILL 1110

review of expansions
of capitation payments
under managed care programs
for provision of long-term
care services

REGENERATE

AN ACT to repeal 46.281 (1) (d) (intro.), 46.281 (1) (d) 1. and 46.281 (1) (e) (intro.); to renumber and amend 46.281 (1) (d) 2.; and to amend 46.27 (4) (c) 8., 46.27

(5) (am), 46.27 (6) (a) 3., 46.27 (6g) (intro.), 46.27 (9) (c), 46.281 (1) (e)/1., 46.281

(1) (e) 2., 46.281 (1) (g) 3., 46.282 (2) (a) (intro.), 46.283 (2) (b) (intro.), 46.284 (4)

(e), 46.285 (1) (a) and 49.45 (3) (ag) of the statutes; relating to: contracts with entities to operate resource centers and care management organizations under

the Family Care Program, the option of self-directed services, and long-term

8 care evaluations.

Analysis by the Legislative Reference Bureau

Currently, the Department of Health and Family Services (DHFS) administers Family Care, a program that provides in certain areas a flexible long-term care benefit called the Family Care benefit. A person must be at least 18 years of age, meet functional and financial eligibility requirements, and have a physical disability, a developmental disability, or infirmities of aging to qualify for the Family Care benefit.

Under current law, before July 1, 2001, DHFS was required to establish in certain geographical areas pilot projects under which DHFS contracted with

Substitute amendment

counties, Family Care districts, federally recognized American Indian tribes or bands, or the Great Lakes Inter-Tribal Council, Inc., to operate resource centers (organizations that provide information and referral services and determine financial and functional eligibility of prospective enrollees) or care management organizations (organizations that assess enrollees' service needs, develop comprehensive care plans for each enrollee, and provide or contract for provision of necessary services), or both. After June 30, 2001, if the local long-term care council for an applicable area had developed a required initial plan, and if authorized and funded by the legislature, DHFS was required to contract with one or more entities in addition to those under pilot projects, for services of a resource center or care management organization; however, as affected by 2005 Wisconsin Act 25 the biennial budget act), any prospective additional contract with an entity to operate a resource center requires advance approval by the Joint Committee on Finance (JCF), on a passive review basis. Currently, DHFS must conduct on-going evaluations of Family Care.

This beliminates the requirements for establishing Family Care pilot projects before July 1, 2001, and integrates requirements for those pilot projects with current requirements for contracts with resource centers and care management organizations. The believe that DHFS may contract with a county a family care district, a tribe or band, the Great Lakes Inter-Tribal Council, Inc., or two or more of these entities to administer the family care benefit as care management organizations or resource centers. The believe authorizes DHFS to contract with these entities to administer care management organizations in geographic areas in which, in the aggregate, more than 29 percent of the state population that is eligible for the Family Care benefit resides only if such a proposed contract receives advance approval from LRO. Further, the believe nodifies requirements for contracts between DHFS and entities for operation of resource centers to require active approval of each proposed contract by JCF, rather than approval on a passive review basis.

The bill requires that a care management organization provide each Family Care enrollee with a form on which the enrollee must indicate whether he or she has

been offered the option of arranging for, managing, and monitoring his or her own Family Care benefit directly or with assistance. The enrollee also must indicate

whether he or she accepted or declined the option.

The ball also requires that the evaluations that DHFS must make concerning Family Care include client access to services, the availability of client choice of living and service options (including the opportunity for the client to have self-directed services), quality of care, and cost effectiveness. Lastly, the expands these evaluations to include the entire long-term care system.

For further information see the state and local fiscal estimate, which will be

printed as an appendix to this bill.

INSERT

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 46.27 (4) (c) 8. of the statutes is amended to read:

46.27 (4) (c) 8. If a pilot project contract with an entity under s. 46.281 (1) (d)

(e) 1. is established in the county, a description of how the activities of the pilot project entity relate to and are coordinated with the county's proposed program.

SECTION 2. 46.27 (5) (am) of the statutes is amended to read:

46.27 (5) (am) Organize assessment activities specified in sub. (6). The county department or aging unit shall utilize persons for each assessment who can determine the needs of the person being assessed and who know the availability within the county of services alternative to placement in a nursing home. If any hospital patient is referred to a nursing home for admission, these persons shall work with the hospital discharge planner in performing the activities specified in sub. (6). The county department or aging unit shall coordinate the involvement of representatives from the county departments under ss. 46.215, 46.22, 51.42 and 51.437, health service providers and the county commission on aging in the assessment activities specified in sub. (6), as well as the person being assessed and members of the person's family or the person's guardian. This paragraph does not apply to a county department or aging unit in a county where a pilot project in which the department has contracted with an entity under s. 46.281 (1) (d) is established (e) 1.

SECTION 3. 46.27 (6) (a) 3. of the statutes is amended to read:

46.27 (6) (a) 3. In each participating county, except in counties where a pilot project in which the department has contracted with an entity under s. 46.281 (1) (d) is established (e) 1., assessments shall be conducted for those persons and in accordance with the procedures described in the county's community options plan. The county may elect to establish assessment priorities for persons in target groups

| 1 | identified by the county in its plan regarding gradual implementation. If a person |
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| 2 | who is already admitted to a nursing home requests an assessment and if funds |
| 3 | allocated for assessments under sub. (7) (am) are available, the county shall conduct |
| 4 | the assessment. |
| 5 | SECTION 4. 46.27 (6g) (intro.) of the statutes is amended to read: |
| 6 | 46.27 (6g) FISCAL RESPONSIBILITY. (intro.) Except as provided in s. 51.40, and |
| 7 | within the limitations under sub. (7) (b), the fiscal responsibility of a county for an |
| 8 | assessment, unless the assessment is performed by an entity under a contract as |
| 9 | specified under s. 46.281 (1) (d) (e) 1., case plan, or services provided to a person |
| 10 | under this section is as follows: |
| 11 | SECTION 5. 46.27 (9) (c) of the statutes is amended to read: |
| 12 | 46.27 (9) (c) All long-term community support services provided under this |
| 13 | pilot project in lieu of nursing home care shall be consistent with those services |
| 14 | described in the participating county's community options plan under sub. (4) (c) 1 |
| 15 | and provided under sub. (5) (b). Unless the department has contracted under s |
| 16 | 46.281 (1) (d) (e) 1. with an entity other than the county department, each county |
| .17 | participating in the pilot project shall assess persons under sub. (6). |
| シピロ 18 | SECTION 6. 46.281 (1) (d) (intro.) of the statutes is repealed. |
| 19 | SECTION 7. 46.281 (1) (d) 1. of the statutes is repealed. |
| 20 | SECTION 8. 46.281 (1) (d) 2. of the statutes is renumbered 46.281 (1) (d) and |
| 21 | amended to read: |
| 22 | 46.281 (1) (d) In geographic areas in which resides, in the aggregate, no more |
| 23 | than 29% 29 percent of the state population that is eligible for the family care benefit, |
| 24 | contract with counties or tribes or bands under a pilot project to demonstrate the |
| 25 | ability of counties or tribes or bands a county, a family care district, a tribe or band, |

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the Great Lakes Inter-Tribal Council, Inc., or with 2 or more of these entities to manage all long-term care programs and administer the family care benefit as care management organizations. If the department proposes to contract with these entities to administer care management organizations in geographic areas in which resides, in the aggregate, more than 29 percent of the state population that is eligible for the family care benefit, the department shall first notify the joint committee on finance in writing of the proposed contract. Within 14 working days after the date of the department's notification, the joint committee on finance shall schedule a meeting under s. 13.10 to approve, modify, or disapprove the proposed contract. The department may enter into the proposed contract only as approved or modified by the joint committee on finance. SECTION 9. 46.281 (1) (e) (intro.) of the statutes, as affected by 2005 Wisconsin Act 25, is repealed. SECTION 10. 46.281 (1) (e) 1. of the statutes, as affected by 2005 Wisconsin Act 25, is amended to read: 46.281 (1) (e) 1. If Subject to the requirements of par. (d), if the local long-term care council for the applicable area has developed the initial plan under s. 46.282 (3) (a) 1., contract with entities specified under par. (d) and may, only if specifically authorized by the legislature and if the legislature appropriates necessary funding, contract as so authorized with one or more entities in addition to those specified in par. (d) certified as meeting requirements under s. 46.284 (3) for services of the entity as a care management organization. SECTION 11. 46.281 (1) (e) 2. of the statutes, as created by 2005 Wisconsin Act 25, is amended to read:

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46.281 (1) (e) 2. Contract with entities specified under par. (d) and may contract with other entities for the provision of services under s. 46.283 (3) and (4), except that after July 27, 2005, the department shall notify the joint committee on finance in writing of any proposed contract with an entity that did not have a contract to provide services under s. 46.283 (3) and (4) before July 27, 2005. If the cochairpersons of the committee do not notify the department within 14 working days after the date of the department's notification that the committee has scheduled a meeting for the purpose of reviewing the proposed contract, the department may enter into the proposed contract. If within 14 working days after the date of the department's notification the cochairpersons of the committee notify the department that the committee has scheduled a meeting for the purpose of reviewing the proposed contract, the department may enter into the proposed contract only upon approval of the committee. Within 14 working days after the date of the department's notification, the joint committee on finance shall schedule a meeting under s. 13.10 to approve, modify, or disapprove the proposed contract. The department may enter into the proposed contract only as approved or modified by the joint committee on finance.

SECTION 12. 46.281 (1) (g) 3. of the statutes is amended to read:

46.281 (1) (g) 3. Conduct ongoing evaluations of the long-term care system specified in ss. 46.2805 to 46.2895 as to client access to services, the availability of client choice of living and service options, quality of care, and cost-effectiveness. Evaluation of the availability of client choice shall include evaluation of the opportunity for a client to arrange for, manage, and monitor his or her family care benefit directly as specified in s. 46.284 (4) (e).

SECTION 13. 46.282 (2) (a) (intro.) of the statutes is amended to read:

46.282 (2) (a) Appointment by a county. (intro.) In a county that participates in a pilot project in which the department has a contract under s. 46.281 (1) (d) (e) and before a county participates in the program under ss. 46.2805 to 46.2895, the following shall be done:

SECTION 14. 46.283 (2) (b) (intro.) of the statutes, as affected by 2005 Wisconsin Act 25, is amended to read:

46.283 (2) (b) (intro.) After June 30, 2001, the department shall contract with the entities specified under s. 46.281 (1) (d) 1. and may, if the applicable review conditions under s. 48.281 (1) (e) 2. s. 46.281 (1) (e) 2. are satisfied, in addition to contracting with these entities, contract to operate a resource center with counties, family care districts, or the governing body of a tribe or band or the Great Lakes Inter-Tribal Council, Inc., under a joint application of any of these, or with a private nonprofit organization if the department determines that the organization has no significant connection to an entity that operates a care management organization and if any of the following applies:

SECTION 15. 46.284 (4) (e) of the statutes is amended to read:

46.284 (4) (e) Provide, within guidelines established by the department, a mechanism by which an enrollee may arrange for, manage and monitor his or her family care benefit directly or with the assistance of another person chosen by the enrollee. The care management organization shall provide each enrollee with a form on which the enrollee shall indicate whether he or she has been offered the option under this paragraph and whether he or she has accepted or declined the option. If the enrollee accepts the option, the care management organization shall monitor the enrollee's use of a fixed budget for purchase of services or support items from any qualified provider, monitor the health and safety of the enrollee and provide

| 1 | assistance in management of the enrollee's budget and services at a level tailored to |
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| 2 | the enrollee's need and desire for the assistance. |
| 3 | SECTION 16. 46.285 (1) (a) of the statutes is amended to read: |
| 4 | 46.285 (1) (a) For a pilot project established an entity with which the |
| 5 | department has contracted under s. 46.281 (1) (d) 2. (e) 1., provision of the services |
| 6 | specified under s. 46.283 (3) (b), (e), (f) and (g) shall be structurally separate from the |
| 7 | provision of services of the care management organization by January 1, 2001. |
| 8 | SECTION 17. 49.45 (3) (ag) of the statutes is amended to read: |
| 9 | 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with |
| 10 | under s. 46.281 (1) (d) (e) for functional screens performed under s. 46.281 (1) (d) by |
| 11 | the entity. |
| 12 | (END) |

2005–2006 Drafting Insert FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT A

The substitute amendment requires that, if DHFS intends to expand its use of capitation payments under managed care programs for provision of long-term care services over the number of capitated payments made on behalf of individuals enrolled in these managed care programs under 2005 Wisconsin Act 25 (the biennia) budget act), the department must first notify the Joint Committee on Finance of that intention, and the Joint Committee on Finance must approve the expansion.

INSERT 4-17

SECTION 1. 46.2804 of the statutes is created to read:

46.2804 Expansion of managed care programs for long-term care

services. If the department intends to expand its use of capitation payments under managed care programs for provision of long-term care services over the number of capitated payments made on behalf of individuals enrolled in these managed care programs under 2005 Wisconsin Act 25, the department shall first notify the joint committee on finance in writing of the proposed expansion. Unless the proposed expansion is a part of a biennial budget bill, the joint committee on finance shall, within 14 working days after the date of the department's notification, schedule a meeting under s. 13.10 to approve, modify, or disapprove the proposed expansion. The department may make the expansion only as approved or modified by the joint committee on finance.

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State of Misconsin 2005 - 2006 LEGISLATURE

LRBs0658/2 DAK:lmk:jf

ASSEMBLY SUBSTITUTE AMENDMENT, TO 2005 ASSEMBLY BILL 1110

AN ACT to repeal 46.281 (1) (d) (intro.), 46.281 (1) (d) 1. and 46.281 (1) (e) (intro.); to renumber and amend 46.281 (1) (d) 2.; to amend 46.27 (4) (c) 8., 46.27 (5) (am), 46.27 (6) (a) 3., 46.27 (6g) (intro.), 46.27 (9) (c), 46.281 (1) (e) 1., 46.281 (1) (e) 2., 46.281 (1) (g) 3., 46.282 (2) (a) (intro.), 46.283 (2) (b) (intro.), 46.284 (4) (e), 46.285 (1) (a) and 49.45 (3) (ag); and to create 46.2804 of the statutes; relating to: contracts with entities to operate resource centers and care management organizations under the Family Care Program, the option of self-directed services, review of expansions of capitation of payments under managed care programs for provision of long-term care services and long-term care evaluations.

Analysis by the Legislative Reference Bureau

Currently, the Department of Health and Family Services (DHFS) administers Family Care, a program that provides in certain areas a flexible long-term care benefit called the Family Care benefit. A person must be at least 18 years of age,

meet functional and financial eligibility requirements, and have a physical disability, a developmental disability, or infirmities of aging to qualify for the Family Care benefit.

Under current law, before July 1, 2001, DHFS was required to establish in certain geographical areas pilot projects under which DHFS contracted with counties, Family Care districts, federally recognized American Indian tribes or bands, or the Great Lakes Inter-Tribal Council, Inc., to operate resource centers (organizations that provide information and referral services and determine financial and functional eligibility of prospective enrollees) or care management organizations (organizations that assess enrollees' service needs, develop comprehensive care plans for each enrollee, and provide or contract for provision of necessary services), or both. After June 30, 2001, if the local long-term care council for an applicable area had developed a required initial plan, and if authorized and funded by the legislature, DHFS was required to contract with one or more entities in addition to those under pilot projects, for services of a resource center or care management organization; however, as affected by 2005 Wisconsin Act 25 (the biennial budget act), any prospective additional contract with an entity to operate a resource center requires advance approval by the Joint Committee on Finance (JCF), on a passive review basis. Currently, DHFS must conduct on-going evaluations of Family Care.

This substitute amendment eliminates the requirements for establishing Family Care pilot projects before July 1, 2001, and integrates requirements for those pilot projects with current requirements for contracts with resource centers and care management organizations. The substitute amendment specifies that DHFS may contract with a county, a family care district, a tribe or band, the Great Lakes Inter-Tribal Council, Inc., or two or more of these entities to administer the family care benefit as care management organizations or resource centers. The substitute amendment authorizes DHFS to contract with these entities to administer care management organizations in geographic areas in which, in the aggregate, more than 29 percent of the state population that is eligible for the Family Care benefit resides only if such a proposed contract receives advance approval from JCF. Further, the substitute amendment modifies requirements for contracts between DHFS and entities for operation of resource centers to require active approval of each proposed contract by JCF, rather than approval on a passive review basis.

The substitute amendment requires that, if DHFS intends to expand its use of capitation payments under managed care programs for provision of long-term care services over the number of capitated payments made on behalf of individuals enrolled in these managed care programs under 2005 Wisconsin Act 25, the department must first notify JCF of that intention, and JCF must approve the expansion.

The substitute amendment requires that a care management organization provide each Family Care enrollee with a form on which the enrollee must indicate whether he or she has been offered the option of arranging for, managing, and monitoring his or her own Family Care benefit directly or with assistance. The enrollee also must indicate whether he or she accepted or declined the option.

The substitute amendment also requires that the evaluations that DHFS must make concerning Family Care include client access to services, the availability of client choice of living and service options (including the opportunity for the client to have self-directed services), quality of care, and cost effectiveness. Lastly, the substitute amendment expands these evaluations to include the entire long-term care system.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 46.27 (4) (c) 8. of the statutes is amended to read:

46.27 (4) (c) 8. If a pilot project contract with an entity under s. 46.281 (1) (d) (e) 1. is established in the county, a description of how the activities of the pilot project entity relate to and are coordinated with the county's proposed program.

SECTION 2. 46.27 (5) (am) of the statutes is amended to read:

46.27 (5) (am) Organize assessment activities specified in sub. (6). The county department or aging unit shall utilize persons for each assessment who can determine the needs of the person being assessed and who know the availability within the county of services alternative to placement in a nursing home. If any hospital patient is referred to a nursing home for admission, these persons shall work with the hospital discharge planner in performing the activities specified in sub. (6). The county department or aging unit shall coordinate the involvement of representatives from the county departments under ss. 46.215, 46.22, 51.42 and 51.437, health service providers and the county commission on aging in the assessment activities specified in sub. (6), as well as the person being assessed and members of the person's family or the person's guardian. This paragraph does not apply to a county department or aging unit in a county where a pilot project in which the department has contracted with an entity under s. 46.281 (1) (d) is established (e) 1.

SECTION 3. 46.27 (6) (a) 3. of the statutes is amended to read:

46.27 (6) (a) 3. In each participating county, except in counties where a pilot project in which the department has contracted with an entity under s. 46.281 (1) (d) is established (e) 1., assessments shall be conducted for those persons and in accordance with the procedures described in the county's community options plan. The county may elect to establish assessment priorities for persons in target groups identified by the county in its plan regarding gradual implementation. If a person who is already admitted to a nursing home requests an assessment and if funds allocated for assessments under sub. (7) (am) are available, the county shall conduct the assessment.

SECTION 4. 46.27 (6g) (intro.) of the statutes is amended to read:

46.27 (6g) FISCAL RESPONSIBILITY. (intro.) Except as provided in s. 51.40, and within the limitations under sub. (7) (b), the fiscal responsibility of a county for an assessment, unless the assessment is performed by an entity <u>under a contract as specified</u> under s. 46.281 (1) (d) (e) 1., case plan, or services provided to a person under this section is as follows:

SECTION 5. 46.27 (9) (c) of the statutes is amended to read:

46.27 (9) (c) All long-term community support services provided under this pilot project in lieu of nursing home care shall be consistent with those services described in the participating county's community options plan under sub. (4) (c) 1. and provided under sub. (5) (b). Unless the department has contracted under s. 46.281 (1) (d) (e) 1. with an entity other than the county department, each county participating in the pilot project shall assess persons under sub. (6).

SECTION 6. 46.2804 of the statutes is created to read:

46.2804 Expansion of managed care programs for long-term care services. If the department intends to expand its use of capitation payments under managed care programs for provision of long-term care services over the number of capitated payments made on behalf of individuals enrolled in these managed care programs under 2005 Wisconsin Act 25, the department shall first notify the joint committee on finance in writing of the proposed expansion. Unless the proposed expansion is a part of a biennial budget bill, the joint committee on finance shall, within 14 working days after the date of the department's notification, schedule a meeting under s. 13.10 to approve, modify, or disapprove the proposed expansion. The department may make the expansion only as approved or modified by the joint committee on finance.

SECTION 7. 46.281 (1) (d) (intro.) of the statutes is repealed.

SECTION 8. 46.281 (1) (d) 1. of the statutes is repealed.

SECTION 9. 46.281 (1) (d) 2. of the statutes is renumbered 46.281 (1) (d) and amended to read:

46.281 (1) (d) In geographic areas in which resides, in the aggregate, no more than 29% 29 percent of the state population that is eligible for the family care benefit, contract with counties or tribes or bands under a pilot project to demonstrate the ability of counties or tribes or bands a county, a family care district, a tribe or band, the Great Lakes Inter-Tribal Council, Inc., or with 2 or more of these entities to manage all long-term care programs and administer the family care benefit as care management organizations. If the department proposes to contract with these entities to administer care management organizations in geographic areas in which resides, in the aggregate, more than 29 percent of the state population that is eligible for the family care benefit, the department shall first notify the joint committee on

| 1 | finance in writing of the proposed contract. Within 14 working days after the date |
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| 2 | of the department's notification, the joint committee on finance shall schedule a |
| 3 | meeting under s. 13.10 to approve, modify, or disapprove the proposed contract. The |
| 4 | department may enter into the proposed contract only as approved or modified by the |
| 5 | joint committee on finance. |
| 6 | SECTION 10. 46.281 (1) (e) (intro.) of the statutes, as affected by 2005 Wisconsin |
| 7 | Act 25, is repealed. |
| 8 | SECTION 11. 46.281 (1) (e) 1. of the statutes, as affected by 2005 Wisconsin Act |
| 9 | 25, is amended to read: |
| 10 | 46.281 (1) (e) 1. If Subject to the requirements of par. (d), if the local long-term |
| 11 | care council for the applicable area has developed the initial plan under s. 46.282 (3) |
| 12 | (a) 1., contract with entities specified under par. (d) and may, only if specifically |
| 13 | authorized by the legislature and if the legislature appropriates necessary funding, |
| 14 | contract as so authorized with one or more entities in addition to those specified in |
| 15 | par. (d) certified as meeting requirements under s. 46.284 (3) for services of the entity |
| 16 | as a care management organization. |
| 17 | SECTION 12. 46.281 (1) (e) 2. of the statutes, as created by 2005 Wisconsin Act |
| 18 | 25, is amended to read: |
| 19 | 46.281 (1) (e) 2. Contract with entities specified under par. (d) and may contract |
| 20 | with other entities for the provision of services under s. 46.283 (3) and (4), except that |
| 21 | after July 27, 2005, the department shall notify the joint committee on finance in |
| 22 | writing of any proposed contract with an entity that did not have a contract to provide |
| 23 | services under s. 46.283 (3) and (4) before July 27, 2005. If the cochairpersons of the |
| 24 | committee do not notify the department within 14 working days after the date of the |

department's notification that the committee has scheduled a meeting for the

purpose of reviewing the proposed contract, the department may enter into the proposed contract. If within 14 working days after the date of the department's notification the cochairpersons of the committee notify the department that the committee has scheduled a meeting for the purpose of reviewing the proposed contract, the department may enter into the proposed contract only upon approval of the committee. Within 14 working days after the date of the department's notification, the joint committee on finance shall schedule a meeting under s. 13.10 to approve, modify, or disapprove the proposed contract. The department may enter into the proposed contract only as approved or modified by the joint committee on finance.

Section 13. 46.281 (1) (g) 3. of the statutes is amended to read:

46.281 (1) (g) 3. Conduct ongoing evaluations of the long-term care system specified in ss. 46.2805 to 46.2895 as to client access to services, the availability of client choice of living and service options, quality of care, and cost-effectiveness. Evaluation of the availability of client choice shall include evaluation of the opportunity for a client to arrange for, manage, and monitor his or her family care benefit directly as specified in s. 46.284 (4) (e).

SECTION 14. 46.282 (2) (a) (intro.) of the statutes is amended to read:

46.282 (2) (a) Appointment by a county. (intro.) In a county that participates in a pilot project in which the department has a contract under s. 46.281 (1) (d) (e) and before a county participates in the program under ss. 46.2805 to 46.2895, the following shall be done:

SECTION 15. 46.283 (2) (b) (intro.) of the statutes, as affected by 2005 Wisconsin Act 25, is amended to read:

46.283 (2) (b) (intro.) After June 30, 2001, the department shall contract with the entities specified under s. 46.281 (1) (d) 1. and may, if the applicable review conditions under s. 48.281 (1) (e) 2. s. 46.281 (1) (e) 2. are satisfied, in addition to contracting with these entities, contract to operate a resource center with counties, family care districts, or the governing body of a tribe or band or the Great Lakes Inter-Tribal Council, Inc., under a joint application of any of these, or with a private nonprofit organization if the department determines that the organization has no significant connection to an entity that operates a care management organization and if any of the following applies:

SECTION 16. 46.284 (4) (e) of the statutes is amended to read:

46.284 (4) (e) Provide, within guidelines established by the department, a mechanism by which an enrollee may arrange for, manage and monitor his or her family care benefit directly or with the assistance of another person chosen by the enrollee. The care management organization shall provide each enrollee with a form on which the enrollee shall indicate whether he or she has been offered the option under this paragraph and whether he or she has accepted or declined the option. If the enrollee accepts the option, the care management organization shall monitor the enrollee's use of a fixed budget for purchase of services or support items from any qualified provider, monitor the health and safety of the enrollee and provide assistance in management of the enrollee's budget and services at a level tailored to the enrollee's need and desire for the assistance.

SECTION 17. 46.285 (1) (a) of the statutes is amended to read:

46.285 (1) (a) For <u>a pilot project established an entity with which the</u> department has contracted under s. 46.281 (1) (d) 2. (e) 1., provision of the services

| 1 | specified under s. 46.283 (3) (b), (e), (f) and (g) shall be structurally separate from the |
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| 2 | provision of services of the care management organization by January 1, 2001. |
| 3 | SECTION 18. 49.45 (3) (ag) of the statutes is amended to read: |
| 1 | 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with |
| 5 | under s. $46.281(1)(d)(e)$ for functional screens performed under s. $46.281(1)(d)$ by |
| 3 | the entity. |
| 7 | (END) |